

**MEDICAL CERTIFICATE FOR LEAVE OR EXTENTION OF LEAVE OR  
COMMUTATION OF LEAVE**

Signature of the Govt. servant .....

I, Dr. .... after careful personal examination  
of the case, hereby certify that Sh. /Smt. /Km. ....  
whose signature is given above, is suffering from .....  
and I consider that a period of absence from duty of ..... days with  
effect from ..... is absolutely necessary for the restoration of his/her health.

**Authorized Medical Attendant**  
..... **Hospital/Dispensary**  
**or other Registered Medical Practitioner**

**Dated.....**

**MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY**

Signature of the Govt. servant .....

I, Dr. .... do hereby certify that I have  
carefully examined Sh./Smt./Km. ....  
whose signature is given above, and find that he/she recovered from his/her illness and is  
now fit to resume duties in Govt. Service. I also certify that before arriving at this  
decision I have examined the original medical certificate (s) and statement (s) of the case  
(or certified copies thereof) on which leave was granted or extended and have taken these  
into consideration in arriving at my decision.

**Civil Surgeon/Staff Surgeon**  
**Authorized Medical Attendant**  
**Registered Medical Practitioner**

**Dated.....**